MEMORANDUM
TO: Residential Eating Disorders Consortium
DATE: June 25, 2020
FROM: Center Road Solutions
RE: **HEALTH CARE INEQUALITY: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN COVID-19 AND THE HEALTH CARE SYSTEM**

On July 17, 2020 the Subcommittee on Health of the Committee on Energy and Commerce held a remote hearing entitled "Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System". This hearing discussed communities of color in the United States that have long experienced disparities in health care, and the affects COVID-19 has had on the healthcare system. This hearing also discussed the lack of adequate testing available to those individuals who are the most vulnerable. Witnesses for the hearing included Rhea Boyd, pediatrician, Palo Alto Medical Foundation; Oliver Brook, President, National Medical Association; and Avik Roy, President, The Foundation for Research and Equal Opportunity.

Key Takeaways:

- The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups.
- Existing health disparities, such as poorer underlying health and barriers to access health care, might make members of racial and ethnic minority groups especially vulnerable in public health emergencies, like outbreaks of COVID-19.
- Black Americans experience a disproportionate share of environmental risk factors and are more likely to have limited economic and educational opportunities, food insecurity and poor access to health care.
- While the effect of racism on health is well-established, progress will take time and has to occur on a societal level. This involves a wide range of actions, including improving wages and closing pay gaps, improving access to health insurance, and ensuring more diversity in the health care system so that practitioners can provide culturally competent care.

Opening Remarks Key Takeaways:

Health Subcommittee Chairwoman Anna G. Eshoo (D-CA-18)

- In the wake of the murder of George Floyd we must acknowledge the public health impact of police brutality. According to the National Academy of Sciences, 1 in every 1,000 Black men can expect to be killed by police. Black men are about 2.5x more likely to be killed by police over the course of their life than are White men.
- According to the CDC, Black Americans are more likely to die at early ages from all causes. Black Americans are more likely to die from heart disease or stroke at a young age. As we know from our Subcommittee's work, Black mothers are 3.5x more likely to die during childbirth, even when they have higher incomes and more education than their White counterparts.
- Over 2M Americans are sick. 44M workers are jobless. Most tragically, we have lost over 115,000 of our fellow Americans due to COVID-19.

Committee Chairman Frank Pallone, Jr (D-NJ-06)

- We have long known that people of color experience disparities in health care in the United States. While we have made progress to close these gaps in recent years, including the passage of the Affordable Care Act, people of color in America continue to experience disparities in care and worse health outcomes compared to white Americans.
- In my home state of New Jersey, Black residents account for nearly 20% of all coronavirus deaths despite representing just 13% of our overall population. And for our neighbors in New York City, Black and Latino residents are twice as likely to die from the virus than their White counterparts. That's heartbreaking and demands urgent action from both Congress and the Administration.
- Data is so important to our understanding of disparities and that's why the Committee also worked to include provisions in the Paycheck Protection Program and Health Care Enhancement Act requiring the Trump Administration submit to Congress a comprehensive report on COVID-19 health disparities.

Committee Ranking Member Greg Walden (R-OR-02)

- According to the data from the CDC, American Indian/Alaska Native persons have a COVID-19 hospitalization rate about 5x that of White people, followed by Black people, who have a hospitalization rate 4.5xthat of White people.
- Hispanics and Latinos have a hospitalization rate 3.5x that of Whites.
- In the UK, the Office for National Statistics found that COVID-19-related deaths for ethnic groups in England and Wales exceeded those of White ethnicity.
- Chronic health conditions, older age, and congregate living increase the risk of complications and death from COVID-19. However, these facts do not explain the full story as to why certain racial and ethnic groups have borne an undue share of the burden of this public health crisis.

Witnesses Key Remarks:

Rhea W Boyd MD, MPH, Pediatrician and Child and Community Health Advocate

- As of June 10, according to the APM Research Lab, estimates indicate that Black Americans have, on average, a COVID-19-related mortality rate that is 2.3x the rate for White and Asian populations and 2.2x the rate of Latinx populations.
- Population-level risk differs from individual conceptions of risk. Rather than focusing on individual "risky behaviors" that could potentially contribute to illness or disease, population level risk highlights the systemic factors that systematically disadvantage certain racial and ethnic groups over others
- Legacies of residential segregation and suburbanization have led to Black American and Latinx populations disproportionately residing in multigenerational dwellings or dense urban areas where the proximity between people increases risks for COVID-19 exposure.

Oliver Brooks M.D., President of the National Medical Association (NMA)

- The CDC has noted that those with hypertension, diabetes and obesity are more likely to have an adverse outcome if they contract COVID-19. Blacks are 2.2x more likely to have diabetes, 20% more likely to have high blood pressure, and 30% more likely to be obese. However, underlying health conditions alone cannot be viewed as the predominant factor in COVID-19 mortality.
- The World Health Organization (WHO) states that SDOH are shaped by the distribution of money, power, and resources at global, national and local levels. These social circumstances create societal stratification and are responsible for health inequities among different groups of people based on social and economic class, gender and ethnicity.
- Poor reporting of data, which initially masked the fact that the disease was disproportionately affecting Black communities, remains a problem even as states move to reopen their economies. Today, Americans living in counties with above-average Black populations are 3xas likely to die of the coronavirus as those in above-average White counties, according to an analysis of census and other data by The Washington Post.

Avik S.A. Roy President, The Foundation for Research on Equal Opportunity

- Prior to the pandemic, unemployment rates for all racial and ethnic groups reached record lows. In August of last year, Black unemployment fell to 5.4%: the lowest rate ever recorded. The following month, Hispanic unemployment hit a record low of 3.9%. And in June of that year, Asian unemployment hit a record low of 2.1%.
- Small businesses have also been hammered by the policy response to COVID-19. A new working paper by Robert Fairlie of the University of California, Santa Cruz, estimates that "the number of active business owners in the United States plummeted by 3.3 million or 22% over the crucial two-month window from February to April 2020." Black-owned businesses fell 41%, Hispanic-owned businesses 32%, and Asian-owned businesses 26%. Immigrant-owned businesses dropped by 36%.
- Economic lockdowns do not merely have a financial impact on racial and ethnic minorities who lose their jobs or have their hours cut. Economic dislocation also worsens health outcomes in myriad ways, whether by deaths of despair, inability to access or afford physicians, or disruption in health insurance coverage.

Q&A Session

Q: Subcommittee Chairwoman Anna G. Eshoo (D-CA)

- When it became clear that COVID-19 was going to be a public health emergency, what should've been done to prevent the health disparities by race?

A: Oliver T. Brooks, MD

- There should have been aggressive testing in the African American community with the knowledge that there would be disparity outcomes based on the higher risks of diabetes, obesity and hypertension. We should've known early on that we needed to test that population. We also should've focused on the health access to PPE's for those practicing on the frontlines. We also needed to focus on getting telehealth to those individuals with hypertension or diabetes.

Q: Subcommittee Chairwoman Anna G. Eshoo (D-CA)

- How has racism affected our nation's response to this global pandemic?

A: Rhea Boyd, M.D., M.P.H.

- Racism is pervasive throughout society. It partly affected the response because African Americans were already at a higher risk of having chronic illness. Which is not a function of their race, but a function of their access to resources that racism shapes.

Q: Subcommittee Chairwoman Anna G. Eshoo (D-CA)

- Would having free COVID-19 testing have helped with the health disparities?

A: Oliver T. Brooks, MD

- Somewhat, but there still would've been the access issues of transportation and getting off work etc.

Q: Rep. Robin Kelly (D-IL)

- What is one thing we have to do after leaving this hearing?

A: Oliver T. Brooks, MD

- Go to Implicit Bias training because some of the racism that occurs is subconscious.

A: Rhea Boyd, M.D., M.P.H.

- End segregation. Studies have shown if you end residential segregation you will close the Black/White gap in income, education and employment. All of those being powerful determinations of health shaping COVID-19 inequities we've seen.

A: Avik S. A. Roy

- Educational attainment and Medicaid reform, particularly Medicaid reforms that increase access to primary care for management of chronic diseases.

Q: Congressman Joe Kennedy III (D-MA)

- What polices should we be enacting now to ensure those communities that have been hardest hit are going to be able to receive access to that vaccine?

A: Rhea Boyd, M.D., M.P.H.

- We should prioritize those communities along with other groups we determine are at high risk, for example, healthcare workers should be the first to receive the vaccine because they are at a high risk for exposure. Only 5% of physicians in this country are African Americans, so we have to have ensure the communities that are affected are prioritized alongside healthcare workers.

Q: Rep. Tony Cárdenas (D-CA-29)

- What are some things we can do on a federal level to advance health equity within the mental and behavioral health space? Also, what will be the consequences if we don't act to address racial and ethnic health disparities within the mental health space?

A: Rhea Boyd, M.D., M.P.H.

- We have a healthcare to prison pipeline that we must address, and the way we can do that is by broadening access to mental health supports. Many health insurances don't cover counseling and other community-based programs that help kids address their mental health needs.